



## MAGNETIC MEDIA FILING REGISTRATION

Send to:  
 MAGNETIC MEDIA COORDINATORS, MIC 15  
 EMPLOYMENT DEVELOPMENT DEPARTMENT  
 P.O. BOX 826880  
 SACRAMENTO, CA 94280-0001  
 (916) 651-6945

**Please complete the following information if your company plans to file on magnetic media.**

Transmitting Company Name	Date	
Address	Federal Employer Identification Number	
City, State and ZIP	State Employer Account Number	
Contact for Technical Information (Name)	Title	Telephone Number and Extension ( )

### FILING INFORMATION

Please indicate the document type(s) you plan to file on magnetic media.

NER       ICR

Other \_\_\_\_\_

Please indicate the estimated average number of employees or independent contractors to be reported. \_\_\_\_\_

Do you plan to act as a transmitter for other business?

Yes       No

If yes, please prepare a list of the Business names, State Employer Account Numbers, Federal Employer Identification Numbers (FEIN) and estimated number of employees or independent contractors of those businesses you plan to report, and attach it to this form.

Do you plan to purchase software or services to create your media file?

Yes       No

If yes, please provide the following information:

Software/Service Company Name	Representative Name	Telephone Number ( )
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### SYSTEM/MEDIA CHARACTERISTICS

TAPE/CARTRIDGE	DISKETTE/CD-R
Computer Make/Model:	Computer Make/Model:
Recording Density (BPI): <input type="checkbox"/> 6250 <input type="checkbox"/> 1600	Operating System:
Coding Structure: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	<input type="checkbox"/> 3 1/2" Diskette <input type="checkbox"/> CD-R

### AUTHORIZED REPRESENTATIVE OF ORGANIZATION

Name and Title (Type or Print)	Telephone Number ( )
Signature	Date